Accessibility and Culture of Care Zine

“Leave No One Behind.”

A Call for Multi-space Networks of Care

Text by TheBird, Art by Jib

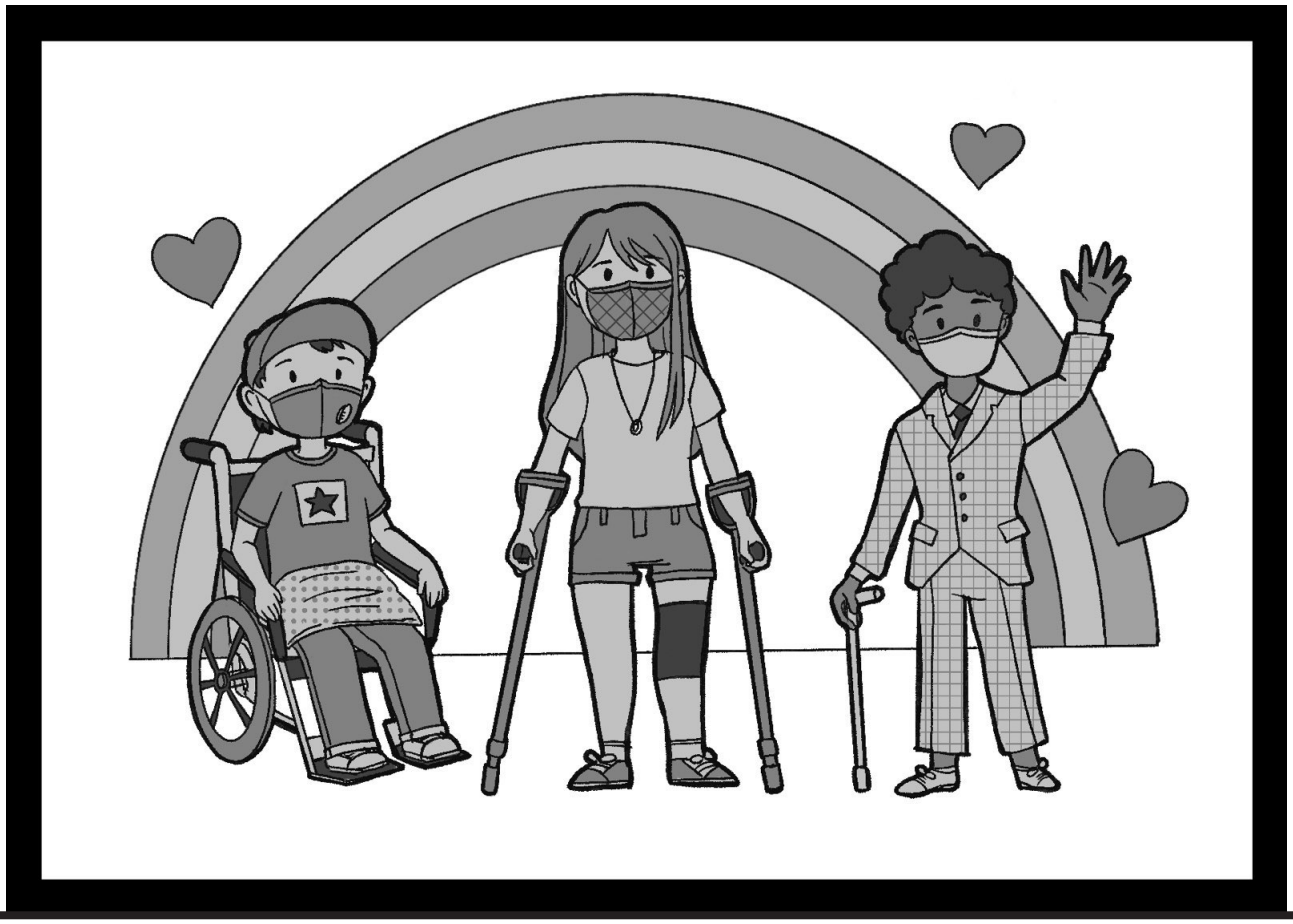


Image of three people in front of a rainbow with hearts floating around them. One is in a wheelchair, another with arm crutches, and a third with a cane. All wear masks and different styles of clothes from t-shirts to suits.

What is Accessibility?

It's a question I get asked a lot as a disabled queer non-binary person. People want lists. They want to check off each item and say, "It's done! We're accessible!"

Yet, accessibility isn't just about checklists.

In Mobility Spaces, Mimi Sheller defines it as:

"The design of products, devices, services, or environments for people who experience disabilities. Accessibility is strongly related to universal design which is the process of creating products that are usable by people with the widest possible range of abilities, operating within the widest possible range of situations (whether they have a disability or not). Accessibility has been adopted as a design principle for many public transit systems, and in transportation refers to measurements of the ease of reaching destinations, including mobility, connectivity, and proximity."

Or to put in simpler terms: accessibility opens the doors (metaphorically or literally) to all people, who come in a diverse range of body types, (dis)abilities, mental health, parents of kids, chronic illnesses, Deaf folks, neurodiversity, trauma, and all sorts of uniqueness. People are messy. Being accessible is never going to be fully realized, but that doesn't mean we shouldn't try!

Access is a need that is individualized to the person. It requires relationship building and community building.

It requires asking a person what their access needs are so that they can fully participate in the public space and/or event.

It's about incorporating access into the planning and design process from the start. As Alice Wong wrote in Disability Visibility:

Image is a greyscale drawing of Alice Wong, who smiles at the camera. She sits in a wheelchair and has a breathing tube.

"*Community is Resistance. Like many people, on the evening of election day 2016, I was filled with anxiety and dread. But I was also strangely comforted, knowing that disabled people have always resisted, and have learned a thing or two about living with uncertainty and fear.*"

Part of our resisting fascism requires accessibility, so that no one is left behind in our justice work.

So this guide is to help folks understand what accessibility is all about. How it's part of the movement of disability justice, first put forward by Sins Invalid, and how it's one tool in the larger toolbox for collective organizing. How we can conceptualize accessibility through the model of 'spaces.'

'Spaces' is a term often used in architectural analysis to denote an arena of public life whether it's in physical, transportation, or digital form. For disability, this doesn't go deep enough, so we're going to uncover a whole new layer of viewing the world.

So let's put on our explorer hats, grab our mobility aids, and get to work!

You mentioned Disability Justice. What do you mean by that?

That term gets thrown around a lot lately, doesn't it?

Disability consists of a diverse group of people that come from pretty much all walks of life: LGBTQIA people, Black and brown folks, Indigenous folks, immigrants, neurodiverse folks, and any ethnic group. Literally, anyone can become disabled at any time.

Disability has historically been discriminated against in very brutal ways. This ranged from outright genocide, forced sterilization, incarceration in asylums or prisons, laws that forbid disabled people from being out in public, refused services and/or jobs, and other eugenics policies. Every right we've won, our disabled ancestors fought for. They even crawled at times, such as activists in the early 1990s during the Capitol Crawl, where they pushed for the adoptment of the Americans with Disability Act (ADA). Some of these brutal horrors still happen today.

Disability Justice speaks to those horrors and works to build up a collective, accessible, intersectional community of care.

The term was crafted and informed by the culture and history of disabled and queer or trans Black and brown folks.

Leah Piepzna-Samarasinha writes in Care Work: Dreaming of Disability Justice: *"...the original Disability Justice Collective -- made up of activists Patty Berne, Leroy Moore, Mia Mingus, Sebastian Margaret, and Eli Claire, a group of disabled people holding a variety of Black, Asian, white, queer, and trans identities -- came together to coin the term "disability justice" and lay the groundwork for a movement-building framework of intersectional, revolutionary disability politics."*

Stacey Milbern, a disabled activist, once posted on Facebook:

"Sometimes I feel impatient about how much ableism has forced us to emphasize accessibility... But access is only the first step

in movement building. People talk about access as the outcome, not the process, as if having spaces be accessible is enough to get us all free. Disabled people are so much more than our access needs; we can't have a movement without safety and access, and yet there is so much more still waiting for us collectively once we build this skillset of negotiating access needs with each other."

What is Ableism?

Ableism encompasses all of the different ways society and the government oppresses and harms disabled people. Ableism impacts disabled people of any race, gender, class, ethnicity, or neurotype.

Ableism paints disabled people as less than human, as having no skills, as a problem rather than a gift. This includes the obstructions in our environments and digital spaces that make it difficult for us to participate and exist in public and digital spaces.

Ableism is married to racial capitalism and white supremacy. Black, Indigenous, and brown bodies are deemed an imperfect version of the "ideal body." The ideal body being a thin, white, cisgender, heterosexual, and non-disabled body.

Moya Bailey and Izetta Autumn Mobley, in their article 'Work in the Intersections: A Black Feminist Disability Framework," wrote:

"Race - and specifically Blackness - has been used to mark disability, while disability has inherently 'Blackened' those perceived as unfit. Black people were - and continue to be - assumed intellectually disabled precisely because of race."

Ableism marks people as disposable, thus we must fight it.

Models of Disability

Several theories exist that conceptualize disability, and are the foundation for which our society views disability. To discuss the ways our society harms disabled people and contributes to the lack of access, we need to understand first the model our society uses.

Medical Model

The primary model is the Medical Model, which is treated as a given in our society. It uses individual pathology, diagnosis, and cures as the basis of its understanding of disability. As Katie Tastrom explains in A People's Guide to Abolition and Disability Justice:

"Whether that [individual] change is biological (through medication) or behavior based (through therapy), even the most optimal end result in this paradigm leaves systems intact. The medical model locates the problem of disability within the individual and sees disability as deviance from an abled-bodied norm. This is directly tied to capitalism, and there's a neoliberal emphasis on the individual, in that the problem - and thus the solution - is seen as something within one's control."

This isn't to say therapy and medication are useless or bad, but that they are often used to try to "fix" disabled people. This model is a worldview that focuses heavily on diagnosing deviance from a very rigid and narrow abled-bodied norm. Often that "abled-bodied norm" is conceptualized as a white cisgender heterosexual male.

Liat Ben-Moshe in Decarcerating Disability writes, *"For many people of color or those who have no access to quality medical care, not being diagnosed is due less to viewing disability as a source of pride or as a fluid state and more to disparities in service provision and the ability to access doctors and medical services, such as therapy, medication, and early detection, because of inequalities based on class, color, language, or*

geographical behaviors."

To be clear, the term diagnosis used here isn't to mean finding out why a symptom is happening. It designates the deviance from abled-bodied norm in order to solve this deviance. Most diagnoses are culturally constructed, as we see with the Diagnostic and Statistical Manual of Mental Disorders (DSM). For example, the DSM-5 is significantly different from prior DSMs and includes new diagnoses. This isn't to say diagnosis is bad, but that as much as diagnosis can lead to positive outcome for treatment, it can also lead to stigma and criminalization.

Tastrom writes, *"Even the concept of diagnosis isn't as straightforward as it seems. Diagnosis is also a heavily raced concept. Black men were (and still are) diagnosed with schizophrenia at rates much higher than other races, and the diagnosis was used tactically to disrupt Black liberation movements. Diagnosis is always political."*

Overdiagnosis, as we see with the schizophrenia example, and lack of diagnosis, which Ben-Moshe describes, are not in conflict with another. Both are caused by negligent or absent medical care.

One of the biggest stigmas derived from this model is the concept of disability being the fault of the individual. This often leads to false assumptions of disabled people deserving their disability for being 'bad' or faulting them for it instead of the systems that may have disabled them. It puts a heavy pressure on individuals to conform to an impossible ideal, upon which they can be punished for failing to do so.

Incarceration of disabled people, whether in insane asylums, mental health wards, or prisons, weaponizes diagnosis in harmful ways.

Social Model

To contrast the medical model, we have the social model, which locates the "problem" within the environment. Instead of saying that disabled people are the issue, the social model says it is the environment that is the issue, where systems and various things interfere with access. Often lack of access has a significant disabling component that does need addressed.

Tastrom writes: *"The social model focuses on the environment outside the person, but it does so in a problem-specific way that reacts to disability. However, while the social model looks at the environment, it tends to define "environment" narrowly and typical ignores the way oppressive systems play out in our society."*

This model stresses that there's nothing inherently wrong with the disabled person having symptoms, nor does it classify them as a 'deviant from an abled-bodied norm.' However, it does fall short in the arena of how bodies themselves can be disabling. Alison Kafer writes in Feminist Queer Crip:

"The social model with its impairment/disability distinction erased the lived realities of impairment; in its well-intentioned focus on the disabling effects of society, it overlooks the often-disabling effects of our bodies. People with chronic illness, pain, and fatigue have been among the most critical of this aspect of the social model, rightly noting that social and structural changes will do little to make one's joints stop aching or alleviate back pain."

Since the social model and medical model both have failings that negatively impact disabled people, other models were developed.

Disability Rights Model Compared to Disability Justice Model

Two new models were developed by disabled activists, which include the Disability Rights model and the Disability Justice model.

The Disability Rights model, which heavily influenced activists in the 1970s through 2000s, contributed to the passing of various pro-disability laws such as the ADA (American Disability Act).

However, the Disability Rights model focuses on disabled people obtaining a piece of the state power by achieving equality with non-disabled people.

As much as gaining rights in the eyes of the state can be helpful, the laws have also harmed disabled people with their focus on employment. Thus locking us in a capitalist view, where our worth is seen in how much we can work/produce.

Some disabled people cannot work per the capitalist parameters for employment, thus our lives are devalued and we are forced to live in abject poverty to qualify for the benefits Disability Rights won for us.

Much of the work of disability rights advocacy overlap and reinforce Disability justice activists, but at the same time, some of the rights advocacy has increased the carceral systems rather than diminish them. Reform and equality under the current systems isn't enough.

Sins Invalid explains:

"At its core, the disability rights framework centers people who can achieve status, power, and access through a legal or rights based framework, which we know is not possible for many disabled people, or appropriate for all situations.

The political strategy of the Disability Rights Movement relied

on litigation and the establishment of a disability bureaucratic sector at the expense of developing a broad-based popular movement. Popular movements often begin when people develop political consciousness and name their experiences. Rights-based strategies often address symptoms of inequity but not the root. The root of disability oppression is ableism, and we must work to understand it, combat it, and create an alternative practices rooted in justice."

Thus, Disability Justice was developed to examine the issues disabled people face in an intersectional, holistic, and comprehensive way.

Often what disables us within society is a combination of factors: our limitations within our own bodies, limitations within our environment, lack of access to healthcare, lack of access to most societal systems and spaces, lack of access to anti-discrimination legal recourse for those with multiple marginalizations, stigmas, and other ableist constructs.

Disability Justice tackles these diverse factors to tear down and build up anew.

Greyscale drawing of a raised fist with bandaids affixed on the arm. The skin color is dark, and the words Disability Justice is printed next to it.

Sins Invalid, a disabled performance group spun off from the Disability Justice collective, wrote:

"Ten principles of Disability Justice:

INTERSECTIONALITY "We do not live single issue lives" –Audre Lorde. Ableism, coupled with white supremacy, supported by capitalism, underscored by heteropatriarchy, has rendered the vast majority of the world "invalid."

LEADERSHIP OF THOSE MOST IMPACTED "We are led by those who most know these systems." –Aurora Levins Morales. As in nothing for us without us.

ANTI-CAPITALIST POLITIC In an economy that sees land and humans as components of profit, we are anti-capitalist by the nature of having non-conforming body/minds.

COMMITMENT TO CROSS-MOVEMENT ORGANIZING Shifting how social justice movements understand disability and contextualize ableism, disability justice lends itself to politics of alliance.

RECOGNIZING WHOLENESS People have inherent worth outside of commodity relations and capitalist notions of productivity. Each person is full of history and life experience.

SUSTAINABILITY We pace ourselves, individually and collectively, to be sustained long term. Our embodied experiences guide us toward ongoing justice and liberation.

COMMITMENT TO CROSS-DISABILITY SOLIDARITY We honor the insights and participation of all of our community members, knowing that isolation undermines collective liberation.

INTERDEPENDENCE We meet each others' needs as we build toward liberation, knowing that state solutions inevitably extend into further control over lives.

COLLECTIVE ACCESS As brown, black, and queer-bodied

disabled people we bring flexibility and creative nuance that go beyond able-bodied/minded normativity, to be in community with each other.

COLLECTIVE LIBERATION No body or mind can be left behind – only moving together can we accomplish the revolution we require."

From: https://sinsinvalid.org/10-principles-of-disability-justice/

The hard part is putting these into practice. We need to shift into a 'care lens,' where access and disability is centered and normalized.

As Leah Piepzna-Samarasinha wrote to non-disabled folks in Care Work: Dreaming of Disability Justice:

"Stop forgetting about disability and justice. Read some of the many brilliant, made-by-disabled-people guides out there. Normalize access and disability. Learn about disabled cultures and histories. Look at the histories of disability in your own family and communities. Ask how you are fighting ableism in every campaign you do. Don't forget about us. Realize you are or will be us."

Image is a greyscale drawing of an umbrella with rain pouring down. The umbrella protects the word Accessibility.

How do we have conversations on access?

A crucial question indeed! Crafting an accessible space isn't easy, but it's also part of what organizing is. Having conversations requires us to build up relationships with one another and other communities. It's not enough to just state on event flyers that "accommodations will be provided when asked." Often times, people may not feel safe enough to ask or they may not know how to ask for their needs.

Asking for our needs isn't easy to do either. It leaves us in a vulnerable state, waiting to see if the other party will accept and validate our needs as worth the trouble or not. Often times, disabled people are met with the stony faces of abled-bodied people, who intentionally or not react to our access needs as if the ask if a burden to them.

Part of that comes from society socializing into us from a young age that disabled people are 'less than' and 'burdensome.' That legacy of ableism goes back centuries, and in some USA states, the 'Ugly Laws,' first written in the 1800s to bar disabled people from public spaces, were only in the past twenty years repealed from the law books.

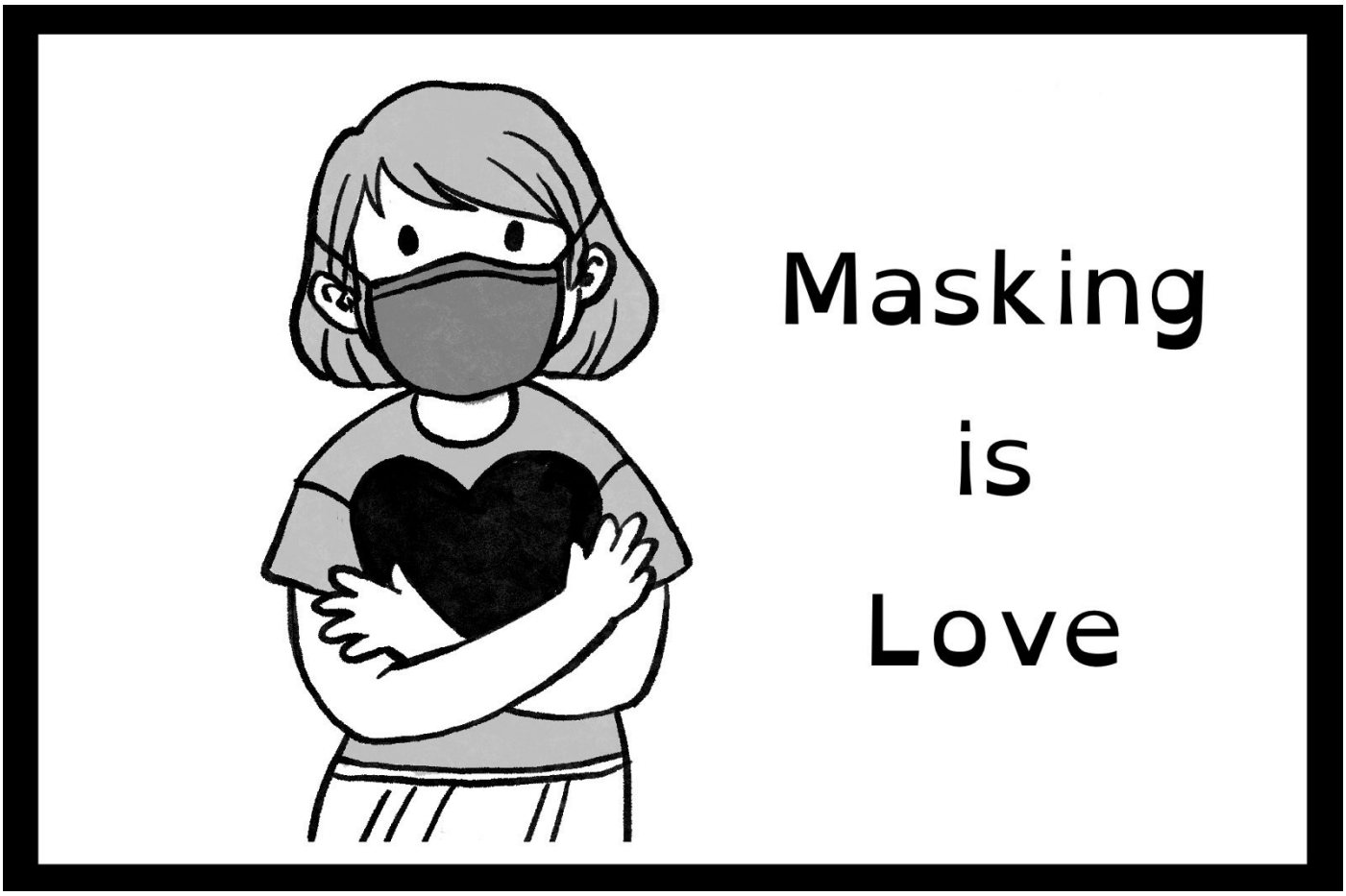
Whether people are conscious of this ableist socialization or not, it influences how we interact and respond to disabled people like myself.

Thus, abled-bodied (non-disabled) people need to interrogate their own biases as well as open their minds to the amazing diversity that is disability. To change their outlook from seeing disability as 'bad' or 'to be pitied' and instead view it as 'badass' and 'full of innovations.'

This is why asking for the input of disabled people within the actual organizing and planning stages is crucial. I often call this 'justice space,' where the act of inclusion -- the cross-movement organizing in the ten principles -- provides space at the table for

disabled voices. When our concerns and ideas are included and considered equally to a non-disabled person, that adds a layer of access to the group and/or event. It helps build relationships and bolsters the community.

To help us visualize this, let's take a look at three crucial cross-movement organizing that disabled people accomplished with other marginalized groups!



Picture depicts a person with shoulder length hair wearing a face mask while holding a heart in their arms. The words "Masking is Love" appears next to the person.

Some Disabled History and examples of cross-movement organizing

We'll start in West Virginia 1968, when seventy-eight miners died in a mine explosion. That horrific tragedy pushed miners and regional doctors to fight back against the mining companies' long medical cover-up and denial of black lung disease. About this time, "Tony" Boyle gained control of United Mine Workers of America (UMWA), and began cutting the pensions of Disabled mine workers and stifled the doctor's warnings of black lung disease.

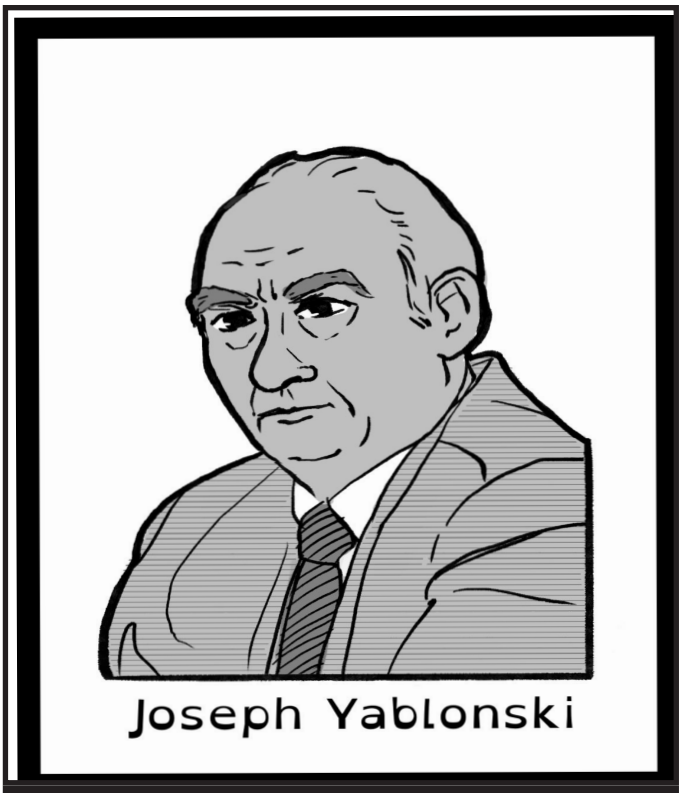


Image is a greyscale drawing of Joseph Yablonski in a suit and tie. He has a balding head, thick eyebrows, facial wrinkles, and an intent look on his face. His skin is a light tone.

In 1969, Joseph Yablonski ran against a corrupt "Tony" Boyle to end corruption within the UMWA. However, they were assassinated by Boyle, per the courts' investigations into Yablonski and his wife's death.

Angered, miners founded Miners for Democracy, and together with Disabled Miners and Widows and the Black Lung Association, they led the fight to reform the UMWA.

Robert Payne and other Disabled miners in the 1970s started a five-week strike, where they compelled non-disabled miners to join them until over twenty-five thousand workers adhered to the picket lines. These disabled miners led the charge in reforming the UMWA union, which included strikes and lawsuits to push for regulations to make mining safer; and for disabled miners to received their promised pensions. The abled-bodied miners understood they risked becoming disabled themselves via injury or daily intake of coal dust.

There was no one leader for the wildcat strikes that started in 1970 and concluded in 1978. The movement stayed decentralized as the rank and file conducted their strikes from West Virginia to Illinois. This culminated in 1977/78 with one of the longest running strikes in labor history.

Like prior Disabled activists in the early 1900s, Payne and the members of Disabled Miners and Widows proclaimed themselves worthy citizens. By using terms such as "rights" and "discrimination" they borrowed from earlier anti-war and racial freedom movements.

This fight grew outward from the miners as more activists, advocacy organizations, and ordinary citizens began to put pressure on the government to make disability a protected class. This fight intersected not just disability but also class, race, and gender.

Accessible Public Spaces and Section 504

In 1973, one notable activist, Clara Clow, fought for accessible public spaces in her town of Frederick, Maryland. Her husband helped organize the Disabled Citizens of Frederick County United.

"Our main focus is architectural and attitudinal barriers," Clow told a reporter in August 1990. *"In the beginning people really did think we were outrageous. It's been kind of a long fight. I guess I'm an activist. I think it's just caring."*

While the Disabled Miners striked for the right to their pensions, other disabled people and their abled-bodied allies fought for accessible spaces like Clow. Then came the Rehabilitation Act and Section 504.

In 1972, Congress drafted the Rehabilitation Act, which was driven largely by the needs of Vietnam veterans. However, this act drew the gaze of the civil rights activists largely due to

Section 504.

In Section 504, it stated that people with disabilities should not *"be denied the benefits of, or be subjected to discrimination under any program or activity receiving federal financial assistance."*

Image is a greyscale drawing of a woman in a wheelchair, who speaks into a microphone. She's wearing glasses, a coat, and a button that reads 'Sign 504.' Text reads Judy Heumann.

The bill was first vetoed by Nixon in 1972, however, activists across the country from various disability advocacy groups and many student groups testified before state legislatures and Congress to push for the elimination of architectural, educational, bureaucratic, and other barriers. They argued heavily for elimination of these barriers and for the ability to be considered for jobs.

Despite Nixon vetoing the Rehab Act a second time, it passed in September 1973. Its section 504 gave disabled people legal and cultural frameworks to gain access to the parts of society they'd been denied prior.

However, these laws were not enforced. Through the lawsuit Cherry v. Matthews, activists pushed for enforcement regulations, and in July 1976 a federal judge ordered the Secretary of Health, Education, and Welfare (HEW) to develop regulations.

With the continued federal failure to enforce Section 504, Disability activists staged demonstrations in Washington D.C., and in each of the ten HEW offices across the country. This sit-in

lasted twenty-five days. Judy Heumann helped lead one of the largest sit-ins of federal offices.

"Oh deep in my heart, I do believe that we shall overcome today," protesters sang at the sit-ins.

These protests gathered allies from local and national labor unions who joined protesters and wrote statements of support.

When phone lines were cut, the Butterfly Brigade, who were a group of gay men who patrolled streets to stop antigay violence, smuggled in walkie talkies.

The Black Panthers provided one hot meal a day, and Chicano activists brought food regularly.

Chuck Jackson, who was part of the Black Panthers, joined the protest by providing attendant-care services for Disabled Black Panthers in the sit-ins and other protest members.

Increasing media attention brought the focus of the nation. Four weeks into the occupation, HEW secretary Joseph Califano signed the enforcement regulations, thus ensuring all programs receiving federal funding could not discriminate based on disability.

This triumph gave disabled people the right to employment, but the fight for full rights under the law was still underway.

Capital Crawl and ADA sit-ins

In 1990, a bill was drafted that would end discrimination against disabled people in all arenas of life: accommodations, expanding anti-discrimination for employment, commercial facilities, transportation, communication, healthcare, and even independent living.

Before this point, the only protections disabled people had was the bare minimum provided by Section 504.

Disabled people and various advocacy groups had met with Congress and pushed for the draft to finally go through the committees. However, the bill moved slowly through Congress, and disabled activists had had enough.

On March 12, 1990, hundreds of disabled protesters marched from the White House to the Capitol. Part of the "Wheels for Justice" campaign, activists planned several days of demonstrations. As they marched or wheeled, they chanted:

"ADA NOW! ADA NOW!"

"What do we want?"

ADA!"

"When do we want it?"

"NOW!"

Once they reached the Capitol, where Congress meets, they left behind their mobility aids and crawled up the steps. Images and videos of the crawl and its speakers rocked the nation.

The police arrested 104 protesters that day.

The next day hundreds of disabled activists from ADAPT took over the Capitol's Rotunda, and demanded Congress pass the ADA. Their chants echoed in those halls of power.

Police arrested over a hundred of them. Most had to wait outside for an accessible police wagon.

On March 14, over three hundred protesters occupied the Congressional offices of those on the Judiciary committee, the committee room itself, and various other offices. They sat, or laid down side by side.

Many stayed even after the Congressional day had ended and were prepared to continue the protest as a sit-in. However, police arrested the remaining protesters.

These were not the only demonstrations and protests, as many more happened across the country. People banded together to assist disabled activists, once again forging solidarity across race and class lines.

For many protests, they'd sing *"We shall overcome!"*

In July of 1990, their prediction came true. American Disability Act was finally passed. Disabled people had full rights under the law.

Even then, the struggle continued, for the enforcement of the ADA required many more protests and pressure from disabled people and their allies. This struggle is still ongoing today.

For example, bills that ban masking makes it difficult to use a necessary tool to protect one another from airborne infectious diseases. Or bills that target homelessness with inhospitable architecture and incarceration intensify lack of access.

The fight for independent living also continues today, where disabled people are institutionalized or disposed of in poorly kept and funded nursing homes, imprisoned in prisons, or locked up in mental health wards or conservatorships. Think of Britney Spears, whose freedom had been locked away under a 'conservatorship' rule, which took her years to legally end.

Cross-movement organizing has helped us win, and, in turn, helped many of us survive.

Let's talk about spaces

As our history lesson shows, the fight for rights and access involved intersectional, cross-movement organizing.

In A Disability History of the United States, Kim Nielsen writes:

"Movement participants argued that disability was not simply a medical, biologically based condition. Indeed, the movement sometimes directly challenged medical authority to define "disability." Using the work of activists and intellectual theorists such as Erving Goffman, Jacobus tenBroek, and Irving Kenneth Zola, advocates argued that disability is a social condition of discrimination and unmerited stigma, which needlessly harms and restricts the lives of those with disabilities and results in economic disparities, social isolation, and oppression.

Just as the civil rights movement critiqued hierarchy based on racial differences, and just as the feminist movement critiqued hierarchy based on sex and gender differences, the disability rights movement critiqued hierarchy based on the physical, sensory, and mental differences of disability."

Part of that movement involved independent-living and deinstutitionalization of disabled people. In this vein, the disability justice movement slips into the abolition movement neatly. As both movements seek to end the imprisonment and non-consensual institutionalization of people the state deems 'less than' or 'problematic' or 'too violent.'

Our capitalist and white supremacist society often pushes Black and Indigenous people of color into poor and often polluted neighborhoods, where most jobs they can access are dangerous and can lead to disablement. This means many disabled people are poor, lack access to affordable healthcare, live in polluted areas, and have less access to housing, clean water, food, and other necessities.

Many must also juggle parenthood with their limitations due to disability and with their work, so we need to keep these access

barriers in mind when examining the access needs within our movements.

Disability Justice developed the model of ‘spaces’ to help explain accessibility. Starting with architectural (physical) space, transportation space, and sensory space, various Disabled theorists and activists expanded upon these to better explain the barriers they faced. Other spaces include digital space, media / information space, community space, time-independent space, and justice space.

The ‘spaces’ model depicts the multi-layers of access (or lack thereof) which impact disabled people (of any race, gender, orientation, citizenship status, parent/non-parent). However, these ‘spaces’ also impacted abled-bodied people of other groups such as parents with kids, Black and Indigenous People of Color, LGBTQIA people, immigrants, and those at the intersection of all those identities.

This model gives us ways to speak of and work together to build access.

Applying the ‘spaces’ model into our organizing

Physical Space (architectural)

In America, much of our physical spaces are constructed in ableist ways. Below are some examples.

Stairs adorn most buildings, and there’s very few ramps. The aisles in performing art centers are narrow and difficult to navigate with mobility aids.

Many buildings have little to no air ventilation and filtration, increasing likelihood of infections or asthmatic attacks to allergens.

Many apartments have no elevators and higher floors are only accessible via stairs. Chairs, tables, poles, and other furniture in public areas are often laid out in ways that obstruct wheelchair users.

Doorways rarely have an electrical component that opens the door by pushing a button. The width of doors are sometimes too narrow for those with mobility aids.

Wheelchair lifts are either nonexistent or poorly maintained.

Sidewalks are often in disrepair with curb cuts not maintained. Bus stops often fail to offer shelter from the elements.

Benches often have bars in the middle of them as part of the incredibly hostile ‘anti-homeless’ architecture.

Of course, these are just few of many examples of hostile architecture. We’ll need to work around these obstructions.

To do that, we should take stock of the physical space and potential barriers. Disabled people need to be included in this, as we can spot barriers relatively quickly. We also often have solutions since we need to be innovative to survive.

For interior spaces:

Check spacing on any chairs. They need to be spaced so a wheelchair can fit between them.

Make sure the building has an elevator or lift, and there’s no stairs required to enter the room. If the building has no elevator, consider a room on the ground floor (only if there is a ramp into the building.) If there is only stairs available to reach the room, find a different venue with a ramp and elevator.

Build and/or rent air filter units to place in the center of the room and around the edges. This will help filter out infectious diseases and allergens. Offer masks to protect against infections since many disabled folks are immuno-compromised.

I like to map out an interior space and talk about each section to make sure access needs are met.

This is why it’s crucial to ask disabled people for their thoughts on any obstructions that may be a barrier to participation.

Follow our lead, and together seek out ways to work around or eliminate obstructions. You’ll likely need to get creative!

For outdoor spaces:

As Leah Piepzna-Samarasinha writes in Care Work: Dreaming of Disability Justice:

“... this innovation, this persistence, this commitment to not leaving each other behind, the power of a march where you move as slowly as the slowest member and put us in the front, the power of a lockdown of scooter users in front of police headquarters, the power of movements that know how to bring each other food and medicine and organize from tired without apology and with a sense that tired people catch things people moving fast miss -- all of these are skills we have. I want us to know that -- abled and disabled.”

Outdoors may seem more accessible, but there is still the complication of where wheelchair vans can park and lower their ramps. Verify there’s no stairs to the outdoor area. Set up event tents so there’s enough space for two wheelchairs side by side. Offer masks to help protect immuno-compromised people.

Look over the chosen space with disabled people to check all possible obstructions have an accessible workaround.

Be sure to train volunteers on these access workarounds too! So everyone is on the same page in terms of access.

For marches:

Use a buddy system. Buddies are people you trust. Stick by their side always. Make sure you have an exit strategy and a safe place to go after the march/demonstration/protest. Wear

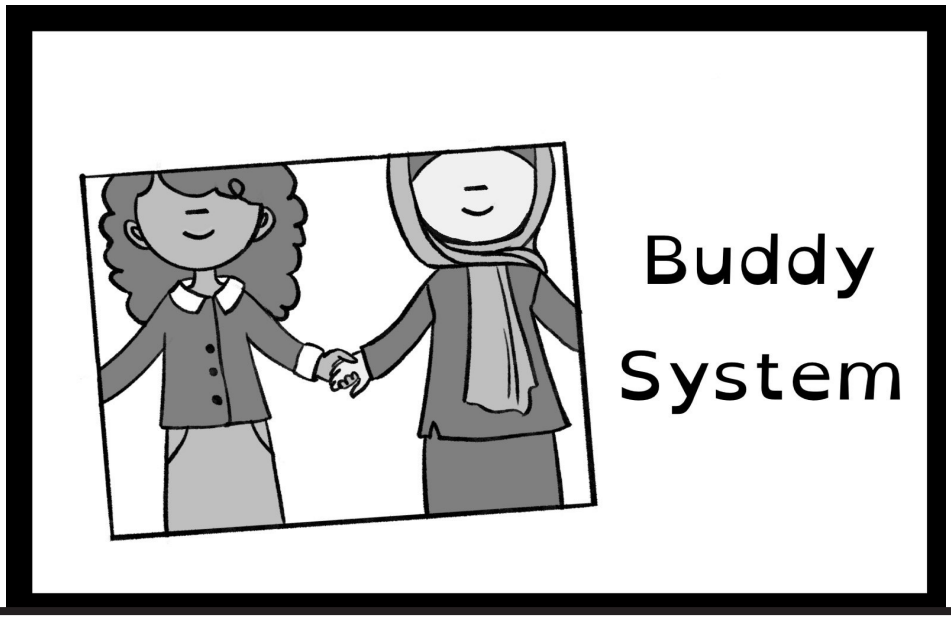
breathable materials and avoid cotton. Beforehand, clean clothes and body with castile soap as detergents can trap chemical irritants. Wear a mask for protection against chemical irritants, infectious diseases, and surveillance.

I've seen a lot of zines talk about organizing it into groups: frontline group, street medics, communications team, scouts, and de-arresters. Disabled people may have skills in any of these.

The frontline group should have training on shielding marchers from any police attacks. The pace needs to be set by the slowest member, and is why some disabled people like to be in the frontline group.

Street medics will have first aid training, med kits, Rescue Remedies, and LAW solutions to clear out the chemical contaminants police might use. Having a symbol that clearly delineates them as a medic is helpful (red cross or star of life/ resistance are usually used).

Communications team speak with reporters and TV news agents. They can help keep the message consistent, and folks that attend the march can be asked to refer all news anchors and reporters to those team members.



Drawing of darker skinned people holding hands. one wears a hijab. The term "buddy system" appears next to them.

Scouts are someone in your group that checks on what is happening around any corners are ahead or behind your group, so you have accurate information on how the march/ demonstration is going. Always verify info from those outside your group, as bad actors may try to shout a warning to cause panic. Walkie-talkies or secure phones are helpful for this (any of them may be monitored by police tho.)

Finally, de-arresters are those trained on how to de-arrest someone the police grabs. Make sure one person in your group has this training. Be sure to scatter into smaller groups if police attack as it's harder for them to manage dozens of small groups.

Make sure you write a legal contact or friend's number on your arm in case of arrest. That way you can call them if you're dragged to a jail. Give the police no information. You have a right to a lawyer before speaking with them.

As Black Lives Matter protesters say, *"We Keep Us Safe."*

Transportation Space

As Mimi Sheller writes in Mobility Justice:

"Freedom of mobility may be considered a universal human right, but in practice it exists in relation to class, race, sexuality, gender, and ability exclusions from public space, from national citizenship, from access to resources, and from the means of mobility at all scales."

For many disabled people, that freedom of mobility rarely exists. In the United States, public transportation is severely underfunded. Many places have barely functional wheelchair lifts for their buses (if they have any at all). Sidewalks are nonexistent in some areas, forcing disabled people into the streets since grass/dirt is too unstable for mobility aids. However, streets are designed for cars, so this creates a dangerous area of overlap.

The privately owned rideshare companies rarely enforce access with their contracted drivers. Thus, in areas that rely heavily on privately owned cars and rideshares, it becomes increasingly hard to transport ourselves safely to where we need to go.

This creates a very uneven geography of transportation and excludes disabled people from many public spaces and events or activities.

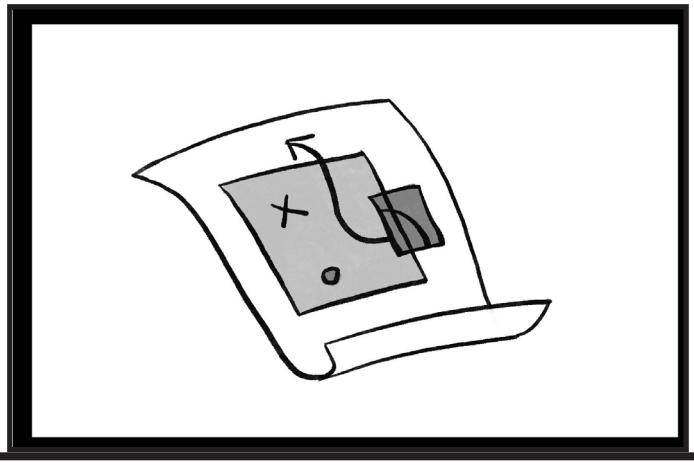
Reaching an event, activity, or space is half the battle for disabled people. Thus, when planning, understanding the transport component is crucial. It can be helpful to choose a location that is near a bus stop, for instance.

Another method involves training a few people on how to be safety drivers. These are people who can pick up disabled folks and help them reach the event/activity/space. They are also available to give rides home. Sometimes disabled people's energy runs out before the end of the event/activity, so in those cases, they may need to lie down or rest. A safety driver can help them head home.

Include disabled people in the planning portion for the transportation segment of organizing. Often times, abled-bodied people will overlook a detail that can restrict access for some disabled people. It's not possible to provide a checklist for people to mark off, as each area and venue has different infrastructures that complicates that region.

As an example, for a town with no public transportation, planning ways to give people rides would be crucial. However, for a city with public transportation, incorporating that into the planning is just as crucial as sorting out how to manage rides. Next comes finding space for wheelchair ramps to lower, so we can safely exit. Sometimes things may break, so then generating solutions on the spot will be needed.

"Disability is a set of innovative, virtuosic skills," Leah Piepzna-Samarasinha writes in Care Work, *"When abled people fuss about how hard it is to make access happen, I laugh and think about the times I've stage-managed a show while having a panic attack, or the time the accessible van with three wheelchair-using performers and staff inside broke and we just brainstormed for two hours -- Maybe if we pull another van up and lower their ramp onto the busted ramp folks can get out? Who has plywood? If we go to the bike shop, will they have welding tools? -- until we figured out a way to fix the ramp so they could get out. If we can do this, why can't anybody?"*



Drawing of a map with a arrow pointing to the left and an x in the corner of the map.

That flexibility requires us to be creative and communicate with one another, so that disabled people have a voice at the table and any on-the-spot brainstorming includes some of our own suggestions. Transportation is a huge barrier, but crafting solutions to overcome that barrier is possible.

As always, make sure the options for transportation are included when distributing info on the event/activity details. Having a person who can help field questions would smooth the process, and that person can be the point of contact for safety drivers reporting in on the day of the event/activity.

Sensory Space

Sensory space often is overlooked when organizing. People may not realize that certain types of fragrances can cause asthmatic attacks or even seizures in some disabled people. (Ironically, abled-bodied people with asthma may not call themselves disabled, but they too are affected.)

Limiting fragrances isn't the only component to an accessible sensory space.

Image depicts a Black person wearing headphones and smiling. The words Quiet Zone are on their right.

Sensory includes sight, smell, touch, hearing, and taste. Often for events that tend to be noisy, for some disabled people that level of stimulus can cause intense overwhelming emotions.

Having a quiet area for people to regulate can help disabled folks with sensory issues participate longer at an event/activity. The quiet area needs to be a room with dimmed lights, some soft blankets, no fragrances, and with little sound.

Other ways:

- incorporate breaks into the event and/or activity.
- Avoid back-to-back performers or speakers.
- avoid flashing lights or sudden loud noises.

Some disabled people may require masks due to being immuno-compromised or very sensitive to fragrances or specific smells. Considering we live in an era of multiple airborne diseases, some of them quite debilitating, masking to protect one another is a crucial element of access.

For example, studies show the more times someone contracts Covid, the more likely they'll develop Long-Covid and possible organ damage. Masks, air filter units, and hand sanitizers need to be used in tandem to effectively protect one another.

Information / Digital Space

A lot of our activities these days happen in digital space or as most people know it: the Internet. We may use social media, online workshops, visit websites, watch media, etc. For disabled people, online activities can be a lifeline as we are often isolated in-person.

The other side of digital space is information space, which is a bit more encompassing. Information means any form of media where information is shared among people and communities. That can include not just digital forms like websites, eBooks, online video, etc. but it also includes print media such as books or magazines or zines like this one.

For example, this zine uses a font that makes it easier to distinguish capital I's and lower case l's. The letters are spaced out more, and there is slight variations in d's and p's since it's easy to flip those letters in one's head. This aids in making this zine more accessible to those with reading disorders.

Color also plays a role. Some people may have color blindness, which means they struggle with certain colors (green being the most common). So when designing a graphic, it's often best to keep the text in black or white, and make sure the text is black on a light background or white on a very dark background. If colors are needed, then be sure to look up color guides for color blindness to maximize the readability.

Some people find white backgrounds blinding, but others need it for their sight. This is why dark and light modes exist for many apps these days.

This is why having a website looked over by an accessibility consultant is crucial. Build the website so it is easy for screenreaders, has high contrast, still readable at higher zoom, etc. Wordpress in particular has an excellent widget feature built for accessibility, and there are open source widgets one can find to add to the website code during the build process.

One of the most common access needs, especially pertaining to videos and podcasts is captions and transcripts. Most video websites like YouTube or PeerTube (the open source one) have options for captions and sometimes transcripts. Video conferencing software like Zoom, Jitsi, Jami, Community Bridge (BigBlueButton), and others all have some capability or add-ons that provide captioning and/or transcripts.

Some news stories these days have the option to listen to the story. This allows for blind or low-eyesight readers to be read the story. Screenreaders and Text-To-Speech (TTS) options exist in all operating systems and phone systems, which allows someone to hear what is on the screen.

Note that screenreaders and TTS will read excessive emojis as words that cut up the sentences and mangle the message. Also, the mix-up of capitalization and lower case as well as all caps is often read one letter at a time, which makes understanding the words very difficult.

Alt-text is another important feature, where a picture in an article or book is described. This can be coded into the picture in most apps and eBook formats. Common practice is to keep the description simple and focus on the reason for it, so the screenreader/TTS provides that context for the picture through a well-worded alt-text. (This is why using AI-generated alt-text can be problematic as they are worded oddly and often lack the

context for the image.)

As always, be sure to include disabled people when examining different ways to make information and digital media more inclusive and accessible!

Time-Independent Space

When an event or workshop shares their media or documents after it ends, they are utilizing time-independent space. It gives people a chance to still view the material long after it concluded.

This can be very helpful for parents of kids or disabled folks who may struggle to attend in person or at the pre-determined time.

Transcripts, meeting notes, zines, books, infographics, and recorded sessions also are part of time-independent space.

For a live-stream, the result video is often saved on that platform, and keeping up that video can aid those who missed the live-stream.

Exploring different ways to provide media outside of the scheduled time period allows people to engage and participate regardless of whether they can attend the specific event in person.

Community Space

Community space focuses on the support of one's community. Often times, disabled people are isolated and kept from full participation within the community due to the many access barriers and the barriers of our own illnesses.

I've personally seen people rail on disabled people for not pushing past our limitations or somehow rising above access barriers as if we're made of magic.

As Leah Piepzna-Samarasinha writes in Care Work:

"And to say that we can just be 'more deeply committed to the struggle' and leave our disabilities behind is an incredibly dangerous, ableist stance to take -- that also just plain ignores the reality that some people are just disabled and can't think or organize our way to abled-bodiedness."

Crafting a community requires us to meet people where they are at and to not force us to become superhuman in order to participate. Disabled people will need some level of support to participate, where our access needs are met. We also need to be where the decisions are made, so that we are included in the planning and organizing. So that we make sure no one is left behind.

Utilizing our skills and labor also means people need to compensate us for that labor. It could be through skill shares or monetary compensation or giving an hour of time to assist us in what ways we need. Often in activist and organizing circles, women and femme-presenting people will end up giving more labor for next to no acknowledgment or compensation. For disabled femme-presenting people this carries a heavier burden due to limited energy reserves and that ableist ideal of expecting us to somehow magically 'leave our disabilities behind.'

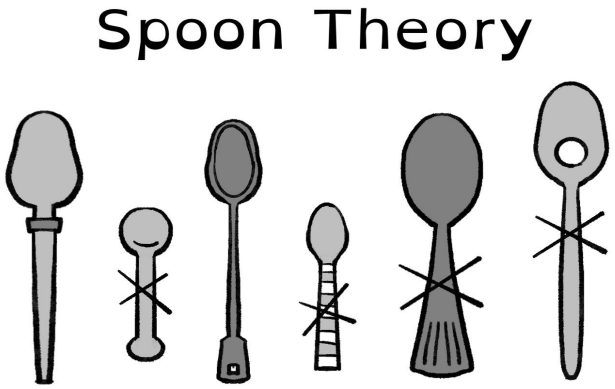
Understanding one's internalized biases and dismantling those biases can aid in ending unreasonable and impossible expectations.

For disabled people, our labor is a very limited reserve, and if we give of ourselves, that means we must plan for not being able to do some other thing. We have to carefully balance each day because of our limited energy.

Or to use spoon theory, developed by Christine Miserandino, each of us has a differing level of spoons we can use toward tasks. For disabled people, if we use future spoons for a task, it may cause a harmful crash later when that day comes and there are no spoons available. For abled-bodied people, their spoons

regenerate quickly, but for disabled people, that is not so.

We only have a set number. This is why many of us talk about 'crip time,' where we live by the time guided by our knowledge of our body's limitations. So our labor is a precious resource, and we need this respected within the community we build with abled-bodied people.



Graphic shows six spoons and four are crossed out with x's. Spoon theory is written above the spoons.

Security Culture

Another aspect of community space is protection for one another. This includes utilizing security culture to keep one another safe from police and government or corporate surveillance.

Security culture is a set of customs a group decides upon to minimize risk. One of its primary tenets is people should never be privy to sensitive information they do not need to know but it includes other forms of etiquette to minimize risk and conflict, as well as providing clarity for accountability. We're in this together and we need to look out for one another.

This can include vetting procedures for new people in one's group or community. As well as using secure programs: Signal for encrypted messaging, Cryptpad for secure office suite, BigBlueButton for workshops and calls, Tutamail or Protonmail for emails or cloud storage, and so on.

What we wear to protests also impacts safety as well as what skills we have or may need to learn.

See Sprout Distro's Security Culture Zine and Spencer Sunshine's blog post in Resources for great zines that cover security culture in depth as this is beyond the scope of this zine.

Infection Disease Mitigations and Care Culture

Protecting one another also means protecting one another's health.

As I mentioned in sensory space, infectious diseases need to be considered when organizing. Especially in our current political climate (as I write this in 2025), where a fascist government is ripping apart Health agencies in charge of detecting, surveiling, and treating diseases. Why do this? Fascism believes in the concept of necrosecurity, and organizations that provide health data to the public makes it harder to convince the public to accept a culture of death.

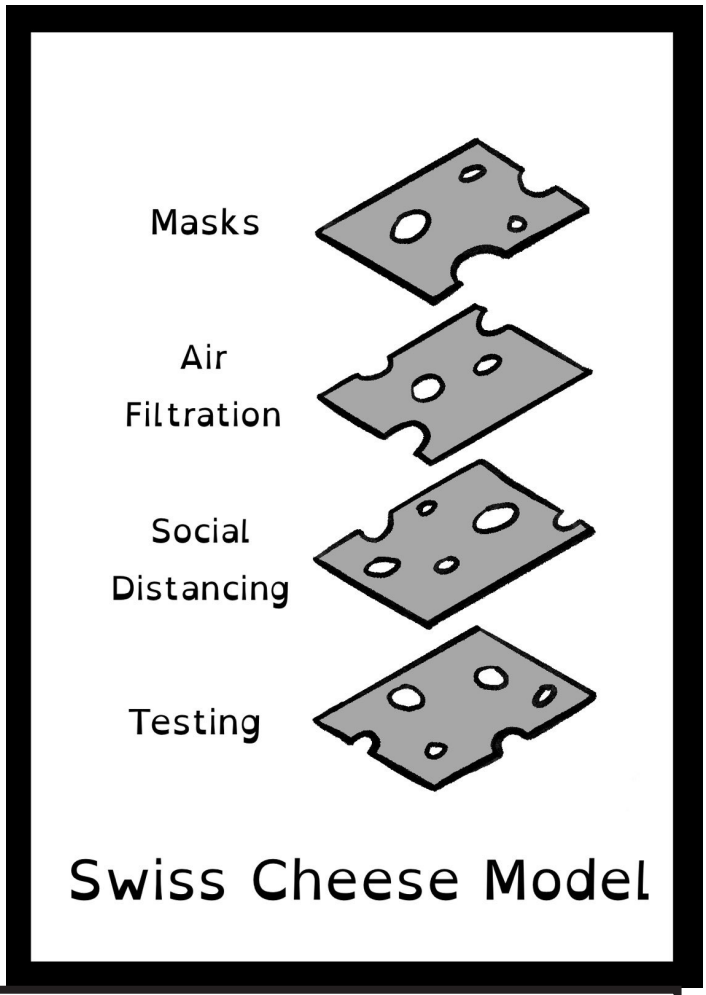
Necrosecurity claims that the death of vulnerable populations plays an *"important role in social welfare and political order."* Here disease is used to cull populations and spread disinformation on the actual harm and health consequences of specific diseases. We saw this under President Trump as well as President Biden, and it's being increasingly pushed now that Trump has returned to office in 2025.

Martha Lincoln writes in her study of necrosecurity and Covid19:

"In contrast to the construct of biosecurity—the securing of collective life against risk—necrosecurity paradoxically imagines the deaths of vulnerable others as a means of managing shared existential dangers."

Therefore, to truly be inclusive and accessible, to truly engage in Disability Justice, we must adopt biosecurity and use our tools.

Remember: if we don't have our health, then we have nothing from which to fight.



Greyscale image of four swiss cheese slices layered over each other. Next to each slice is a mitigation -- masks, air filtration, social distancing, and testing. The words 'Swiss Cheese Model' are at the bottom.

Airborne disease spreads incredibly quickly in a room full of people and can linger in the air for hours per studies (see resources for links). This means we need to utilize a layered approach of protection:

1. air filter units to clean the air
2. masks to avoid infection
3. tests to verify any or no infection (multiple testing required for most of these over-the-counter tests to confirm a negative test)
4. contact tracing to alert those who attended if an infection is found
5. hand sanitizers to clean our extremities.

An essential resource for this is the People's CDC; they are a watchdog group that has kept a close eye on many different infectious diseases, and is a great source of information on how to implement the multi-layered mitigations.

Several airborne diseases exist currently that can easily disable a person for life; for example, studies show that multiple infections of Covid19 can increase likelihood of organ damage, brain damage, and possibly contract the very debilitating and disabling Long Covid illness. See resources for a list of articles and studies. Masks and air filtration can help protect against this outcome.

For a disabled person, infections from infectious diseases could set back our own health or possibly kill us. To avoid that potential outcome, multi-layered infectious disease mitigations will keep everyone safe.

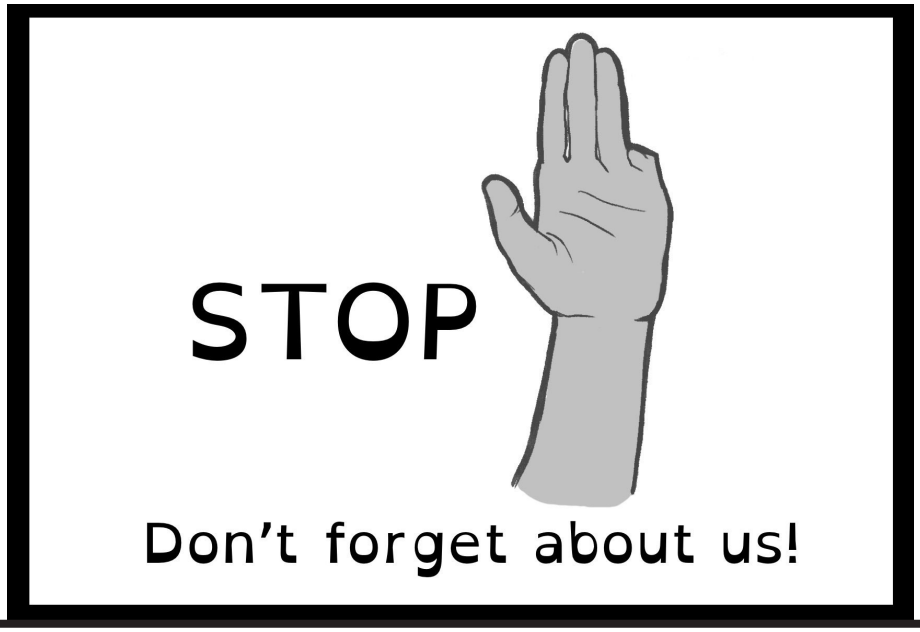
Mitigations make a space more accessible for all people attending.

Conclusion

I often add Justice Space to the list of 'spaces' but that is really just applying the other Disability Justice principles into what we build together. To explore Disability Justice in depth would require another zine. I highly recommend Sins Invalid, who details Disability Justice and provides excellent resources.

If we are to survive and thrive, we need to build up our just, equitable, care communities.

Access is only one term in that equation, but it is a crucial part if we wish to create an inclusive and diverse group and movement!



Greyscale image of a dark-skinned handing held up, palm outward in a stop motion. Next to it is the words: 'Stop. Don't forget about us!'

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